## Receipts and Disbursements Report

## U.S. Department of Labor

Employment Standards Administration Office of Labor-Management Standards



Office of Labor-Management Standards Washington, D.C. 20210 (Feb. 1990) Required of Persons, Including Labor Relations
Consultants and Other Individuals and Organizations,
Under Section 203(b) of the Labor-Management
Reporting and Disclosure Act of 1959, As Amended (LMRDA)

Form approved - OMB No. 1215-0188 Expires 11-30-2002

		Reporting an	d Disclosure Act	of 1959, A	As Amended (LMRD	(A)		
		A PERSO						
. NAME AND ADDRESS (include		2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT:						
GERANDO FERNAND	EZ /	1 Jul Goll	10 VENI	ri inis	,			
GERANDO TERNAND ERNANDEZ TRANS/A	TING & COI	NSU/7/NODW	42		N/A			
190 LexINGTON ANC.			3. FILE NO.		4. PERIOD COVERED	Month	Day	Year
Passaic, NJ 07055		55	1	BY THIS From:	4	30	2001	
STATEMENT OF RECEIPTS.	eipts from employer	o in connection w	with labor	REPORT To:	72	3/ 2001		
STATEMENT OF RECEIPTS.		e advice or service		vitti iauoi	relations advice of	Services	regardies	S OI THE
. NAME AND ADDRESS OF EM	PLOYER (Includ	de ZIP code)			6. TERMINATIO	N DATE	7. AM	TNUC
BIAZZO VAIRY PRODUCTS-1145 EDGE WATER ATE. Ridgefield					5/10/2001 \$ 11,440.0			140.00
NJ 07657 0	4	0 1	*	-	1=12=12	201	-	07: N
MEDIN CORP. 90 DAYTON AME. PASSAIC, NS 07055					7/25/2001 6,825.			363.00
WASTE MANAGEMENT. 1001 FANNIN, SUITE 4000					12/19/2001		5,070,00	
		7			1			
							-	
					-			
	-							
					TOTAL		\$23,335.00	
	,	,	11. 12.	Loans	or Professional So Made	ervices	73	70.30
					Disbursements Disbursements			
Total Disbusements to office	cers and emplo	vees: \$			(Sum of Item	s 8-13)	\$ 23,	335.00
D SCHEDULE FOR STATEMEN		EMENTS. Use this			isbursements made	for the p	urposes	described
15. EMPLOYER	40 701		of the instruction  17. AMOUNT		PURPOSE			
13. EMPLOTER	16. 10 (	WHOM PAID	17. AMOUNT	10.	PURPUSE		-	
NIA			\$					
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		TOTAL	3		1	USDO OLMS/D		
	IE MORE	SPACE IS NEEDE		ITIONAL	SHEETS			
- VERIFICATION AND SIGNA	TURE. The per	son in item 1 abov	e and each of hi	s undersi	gned authorized o			
f law, that all information in this rus, to the best of his knowledge an	eport including	all attachments inco	orporated therein	or referre	d to in this report,	has been	examined	by him a
IGNED: ///	yung.	, PRESIDENT	signed:				, TRI	EASURER
to assaic, No on: 1)							-	
City State Date	1	r title, cross out te in correct title abov	ve.) City S	State	on:	(If other ti	tle, cross o	out title above